

# ***Memphis Regional Medical Program Brings Medicine to the People***

**JAMES J. COX**

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CONSIDER the town of Iuka, Miss., population a little over 2,000. It sits in quiet privacy, surrounded by miles of woods and fields. Look, too, at Dr. Harry W. Cosby, a Memphis born and educated family physician who has a clinic in Iuka. If you have a stereotyped image of a country doctor in a sleepy southern town, forget it. Cosby received his MD degree from the University of Tennessee when he was 21, and he has maintained that accelerated pace ever since. After spending 2 years in the Air Force in Europe, he returned to Mississippi and in 1949 set up practice in Iuka. But his medical practice has been in addition to other activities. For example, he's the unpaid project director of the northeast Mississippi multi-phasic screening project. This project has been funded for \$620,000 over a period of 3 years through the federally supported Memphis Regional Medical Program (RMP).



### Getting the Ball Rolling

"I was disturbed at seeing patients come to me with advanced diseases, such as heart disease and cancer," Cosby said. "These diseases must be caught and treated early. The people in our rural counties in Mississippi were desperately in need of a mobile screening program for early detection." He wrote to the State division of chronic diseases in Jackson, Miss., about getting preventive medical services through the Public Health Service. Federal assignee Ted Griffith started the ball rolling with the Memphis Regional Medical Program, which operates in northern Mississippi in cooperation with the Mississippi Regional Medical Program.

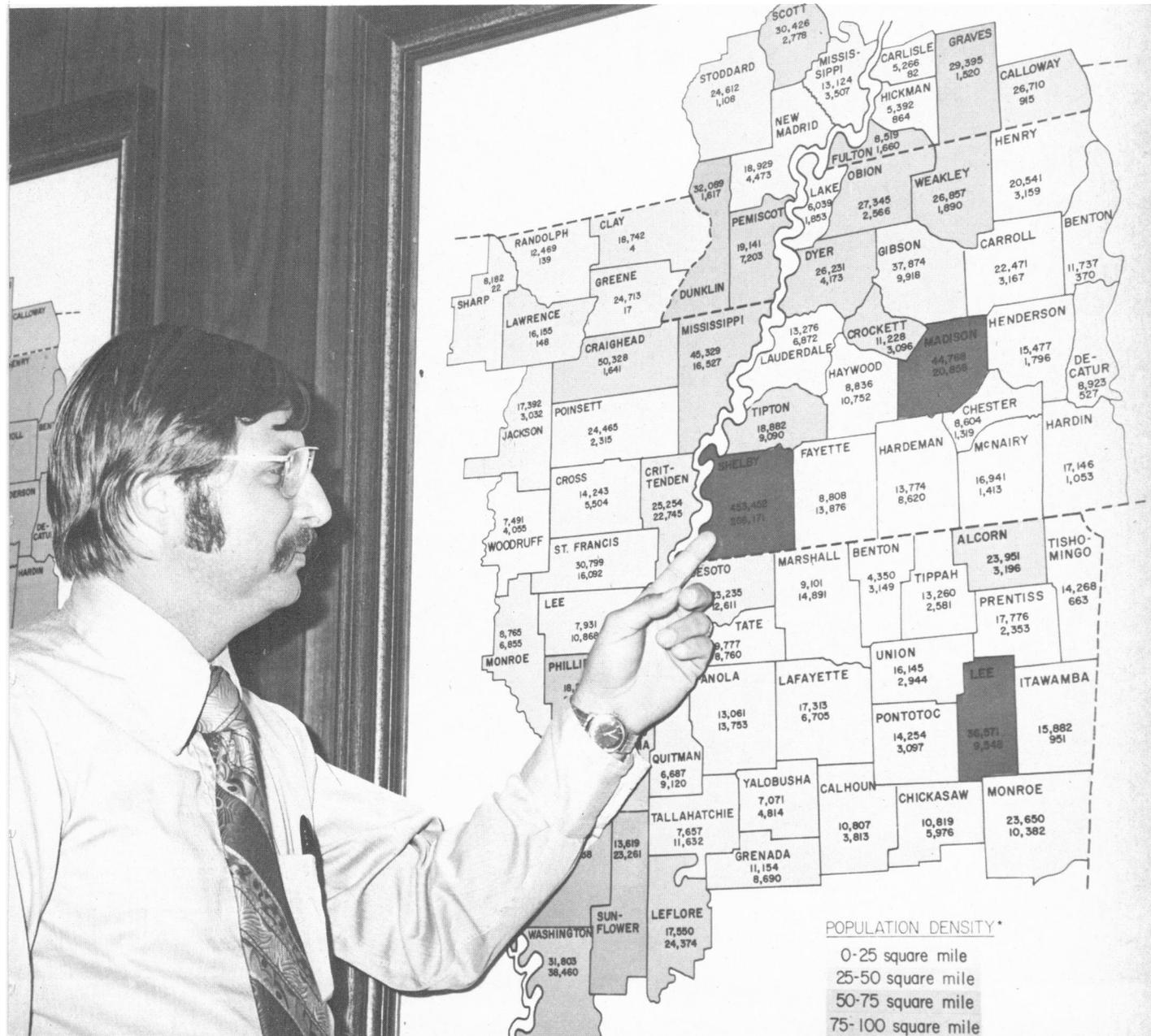
*In addition to managing the multiphasic screening unit under the Regional Medical Program, Dr. Harry W. Cosby sees a flow of patients in his medical clinic in Iuka, Miss.*

## Memphis RMP Responds

The Memphis RMP, directed by James W. Culbertson, MD, is the only RMP in the United States that combines the medical resources of five States and three HEW regions. It includes northern Mississippi, eastern Arkansas, western Tennessee, and parts of Missouri and Kentucky. The University of Tennessee is the grantee organization. In the 5-State Memphis RMP area, there are 78 counties and more than 2½ million people. The Memphis RMP gave Cosby a receptive hearing. A mobile screening unit was the sort of activity that tied in with the goals of the regional medical program of making health care more accessible to people and improving the quality of care by bringing techniques and professional services together.

The staff of the Memphis RMP and Cosby

*Russell Clack, project coordinator for the Memphis Regional Medical Program, points out where Memphis, Tenn., lies in relation to the States and counties served by this Regional Medical Program*





agreed to start the screening program with a pilot study. Obtaining a mobile clinic from the Tennessee Valley Authority at Chattanooga, they put it into service for 5 weeks in the summer of 1968. The Authority, under its medical director, Dr. James L. Craig, provided a reservoir of valuable experience that had been obtained in medical screening of its own employees; the Authority also provided personnel for conducting tests. The Mississippi State Board of Health, local physicians, and hospital authorities supported the regional medical program's study.

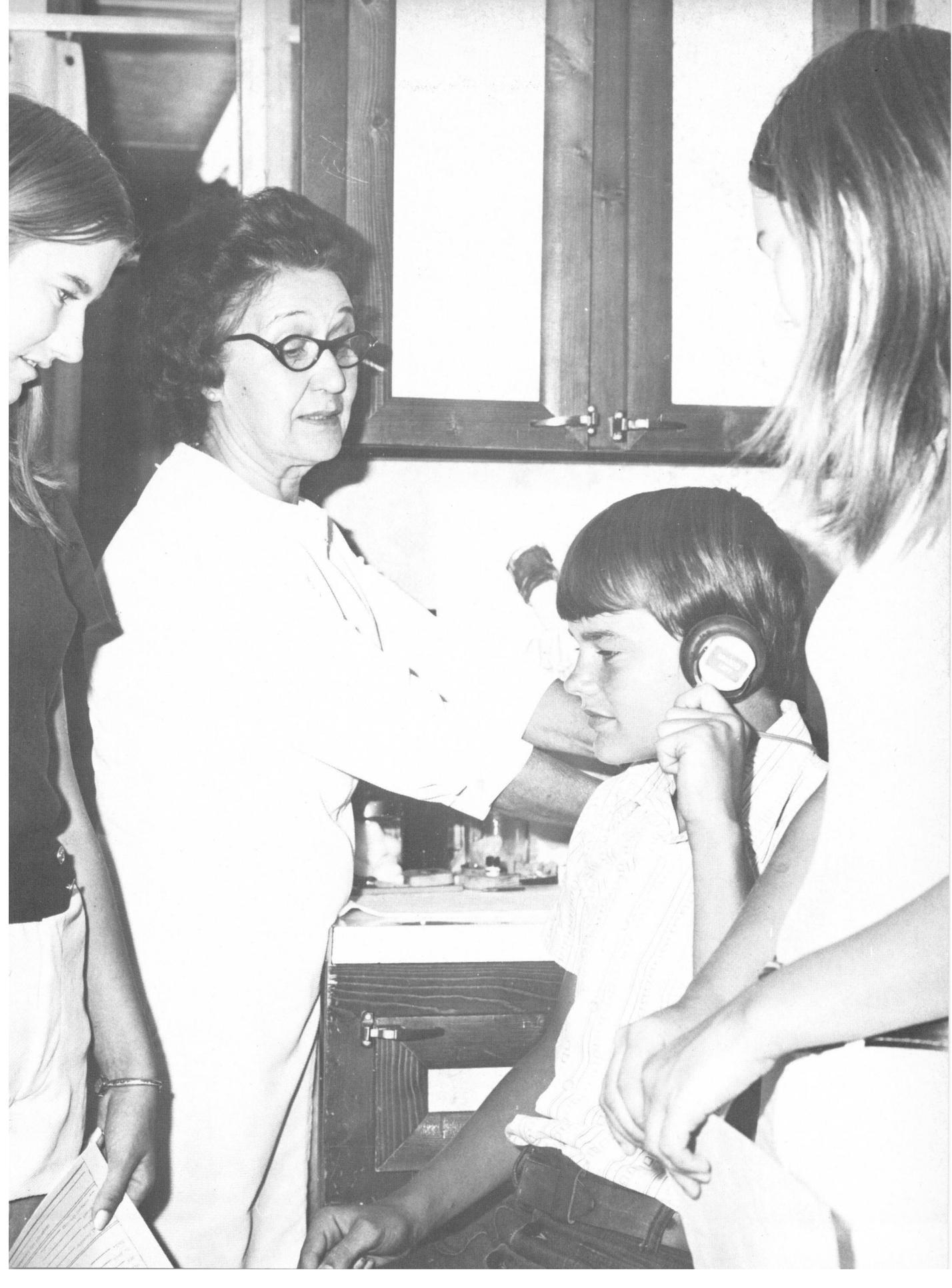
The 5-week project revealed about what was expected. A large proportion of the people in rural areas have unreported diseases; these diseases can be detected by refined techniques; and detection leads to a final diagnosis and the institution of treatment.

### **Mobile Unit Put Into Service**

In the summer of 1970, a 60-foot house trailer was constructed to house a \$35,000 multiphasic screening unit equipped to perform a battery of

*Mrs. Betty Mauney takes a vital capacity test (measurement of lung capacity) in the multiphasic screening unit with the aid of Nurse Pauline Steenett*

*Right: Nurse Pauline Steenett administers a hearing test to Mark Mauney in the multiphasic screening unit while his sisters, Hope and Connie, wait their turns*



tests ranging from eye examinations to electrocardiograms. The tests take about 45 minutes. The screening unit serves five Mississippi counties.

"The mobile unit provides a valuable service," Cosby reported. "We can test from 80 to 100 persons a day, and a substantial proportion of those tested have been found to have conditions that warrant further diagnosis and a physician's care." Tests and films are sent to laboratories for analysis. Copies of the results are sent to the physician the patient designates, and the patient is notified if the results show a need for further evaluation. Persons with abnormalities are referred for followup and treatment.

In addition, data from the clinic are computerized at the University of Tennessee to show the total inventory of clinical diseases in the rural areas of Mississippi and to indicate excessive rates of disease and the trends in morbidity. Since the program began, nearly 30,000 screenings have been conducted, at an average cost of about \$20-\$25 each, a fraction of what the cost would be if done in a private facility.

### Physician On the Go

If you were to follow Cosby around for a day, you might conclude that the least of his needs is to be a project director under the regional medical program. To begin with, the small physician with the crisp movements would be hard to keep up with. He and his partner, Dr. Louie Coker, see some 150 patients a day in their clinic and another 50 in the local hospital. "We accept any person who needs medical care, and ability to pay

is not considered," Cosby said. Outside of his immediate practice, Cosby is vice president of the Mississippi District One Health Planning Council (which he helped establish), medical advisor to the local draft board, a member of the Tishomingo County Appalachian Committee, chairman of the Childhood Growth and Development Committee for the county, delegate-at-large to the county Head Start Advisory Board, and a visiting lecturer at the University of Tennessee College of Medicine.

Cosby belongs to the Northeast, the American, and the Southern Medical Associations, and is on three Memphis RMP committees. He is chairman of the Iuka City Recreation Commission and is working to establish a neighborhood baseball facility. Under title IV of the Appalachian Regional Commission, he was responsible for obtaining a \$147,000 grant to develop comprehensive recreation for Tishomingo County.

For all of his extra labors and time, Cosby receives no remuneration. "I may be a small town doctor in a rural county of the South," Cosby said, "but I refuse to accept second rate medical programs or the lack of medical service." One thing concerns him: Why have mortality rates gone up in Tishomingo County in the past few years? "We are no longer a farming area," he commented. "Maybe the change to small industry, mechanization, and changes in living patterns have had adverse effects on mortality rates." The answer is one of the things that may come out of the data from the multiphasic screening program. And Cosby will be the first to know and do something about it.

